

DRIVER'S LICENSE / PHOTO ID APPLICATION**APPLICANT'S IDENTITY, ADDRESS, AND PHYSICAL DESCRIPTION**Name _____
LAST FIRST MIDDLE

WV license # _____

Former names _____

Sex _____

SUPPORTING LEGAL DOCUMENTATION IS REQUIRED BY LAW

Residence address _____

SSN _____

REQUIRED BY FEDERAL LAW -- DOES NOT APPEAR ON LICENSE / ID

Mailing address _____

Birthdate _____

REQUIRED IF DIFFERENT FROM RESIDENCE ADDRESS

City, state, ZIP code _____

Weight _____ Height _____

Has your address changed since last license / ID issuance? yes ☐ no ☐Are you a United States citizen? yes ☐ no ☐

Eye color _____

DMV
USE ONLYCASHIER:
AFFIX
VALIDATION
HERE**IF YOU HAVE EXPERIENCED ANY OF THE FOLLOWING, YOU MUST SO INDICATE, AND SUBMIT A LETTER OF EXPLANATION**

	yes	no
seizures or unconsciousness, emotional or mental illness	<input type="checkbox"/>	<input type="checkbox"/>
alcohol or drug problems	<input type="checkbox"/>	<input type="checkbox"/>
visual impairment	<input type="checkbox"/>	<input type="checkbox"/>
medical condition(s) affecting my ability to drive safely	<input type="checkbox"/>	<input type="checkbox"/>
license suspension/revocation for DUI, in any jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>
license suspension/revocation (non-DUI), past 5 years, in any jurisdiction	<input type="checkbox"/>	<input type="checkbox"/>
refusal by any jurisdiction to issue me a driver's license	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever had a license issued by any other jurisdiction(s)? ☐ yes ☐ no

Issuing jurisdiction(s) and number(s) _____

TYPE OF LICENSE / ID APPLICANT WISHES TO OBTAIN

Any valid license / ID issued by any jurisdiction must be surrendered. See reverse for fees not listed below.

\$5 instruction permit Level 1 age 15-17	<input type="checkbox"/>	skills test E age 18 and over	\$5 child photo ID, ages 2 thru 15
\$5 skills test Level 2 age 16-17	<input type="checkbox"/>	\$5 instruction permit F motorcycle	<input type="checkbox"/> adult photo ID, ages 16 and over
<input type="checkbox"/> Level 3 license	<input type="checkbox"/>	motorcycle skills test/ safety course	\$5 duplicate license
\$4 instruction permit E age 18 and over	<input type="checkbox"/>	motorcycle endorsement	<input type="checkbox"/> transfer
			<input type="checkbox"/> renewal

CHILD SUPPORT LAW COMPLIANCEDo you owe a child support obligation? yes ☐ no ☐Do you owe a child support obligation that is more than 6 months in arrears? yes ☐ no ☐Are you the subject of a child support-related warrant, subpoena or court order? yes ☐ no ☐

I hereby certify, under penalty of false swearing, that all my answers to the above questions are true.

APPLICANT'S INITIALS

Complete both sides of form. All information requested is mandatory. INCOMPLETE FORMS WILL NOT BE PROCESSED.

I HEREBY CERTIFY, UNDER PENALTY OF FALSE SWEARING, THAT ALL STATEMENTS CONTAINED HEREIN ARE TRUE.

Men ages 16-26 only: By submitting this application and answering "yes" to the relevant questions, I am consenting to release of my personal information to the Selective Service System for draft registration, as required by Federal law.

APPLICANT SIGNATURE

DATE

PARENT / GUARDIAN SIGNATURE (APPLICANTS UNDER 18 ONLY)

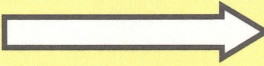
DATE

Do you wish to register to vote? YES ☐ NO ☐

Do you wish to register for Selective Service?
Men ages 16-26 only YES ☐ NO ☐

Do you wish to be designated on your
license/ID as an organ donor? YES ☐ NO ☐

Do you wish to be designated on your license/
ID as diabetic or deaf and hard of hearing?
If so, a physician (for diabetics) or licensed audiologist
(for the deaf and hard of hearing) must certify your condition. YES ☐ NO ☐



GRADUATED DRIVER'S LICENSE APPLICANTS ONLY

Level 2 applicants: Have you been convicted of a traffic violation
in the past six months? yes ☐ no ☐

Level 3 applicants: Have you been convicted of a traffic violation
in the past 12 months? yes ☐ no ☐

GRADUATED DRIVER'S LICENSE FEES

Level 3 full license --assessed by age

	<u>age</u>	<u>fee</u>
Level 1 instruction permit	17	\$10.50
Level 2 intermediate license	18	\$ 8.00
	19	\$ 5.50
	20	\$ 3.00

\$5.00

PHYSICIAN / AUDIOLOGIST CERTIFICATION FOR MEDICAL ENDORSEMENT

I certify that the applicant named herein is ☐ diabetic ☐ deaf and hard of hearing.

physician /audiologist signature
(diabetic) (deaf and hard of hearing)

medical license #/state

office address

office telephone #

ADULT LICENSE / ID FEES -- ASSESSED BY CALCULATED AGE

(current year – applicant's birth year = calculated age)

*Calculated age and actual age may differ. Use next calendar year to calculate
age for December applications. All licenses expire in next year that bearer's age
is a multiple of five. This chart applies to all license issuances, transfers and
renewals. An additional \$5.00 fee is assessed for renewal of expired licenses.*

LAST DIGIT OF CALCULATED AGE		LICENSE / ID WILL BE VALID FOR		IF YOUR LICENSE IS VALID FOR	YOUR FEE IS		IF YOUR PHOTOID IS VALID FOR	YOUR FEE IS
2 or 7	3 years	3 years		3 years	\$ 8.00		3 years	\$ 7.50
1 or 6	4 years	4 years		4 years	\$10.50		4 years	\$10.00
0 or 5	5 years	5 years		5 years	\$13.00		5 years	\$12.50
4 or 9	6 years	6 years		6 years	\$15.50		6 years	\$15.00
3 or 8	7 years	7 years		7 years	\$18.00		7 years	\$17.50

The applicant named herein passed the DMV written test ☐

road skills test ☐ on this _____ day

of _____, 20____, which was conducted at DMV's

_____ office.

The following restrictions apply: _____

IDENTIFICATION PRESENTED

☐ certified birth certificate

☐ Social Security card

☐ school enrollment form

☐ certified marriage certificate

☐ WDMV children's ID

☐ valid USDOD military ID card

☐ other government-issued non-driver ID

☐ other _____

DATES OF ALL EXAMINATIONS

Examiner's signature and unit number _____

DMV USE ONLY